

Glossop-Dale Rural District.

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*SANITARY AUTHORITY.*

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**Annual  
Report**

OF THE

**Medical Officer of Health**

FOR THE YEAR 1908.



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## ANNUAL REPORT

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*To the Sanitary Authority of the Glossop-Dale  
Rural District.*

GENTLEMEN,

The medical inspection of school children has now been begun in your District. In the larger Districts of the County it has been going on for some time, and interesting interim Reports have been issued by Dr. Barwise, the Medical Officer of the County Education Authority. The initiation of medical inspection is, no doubt, due to the recognition in the present day of the necessity for physical, as well as intellectual, education of the children of our country. This recognition has been furthered by facts brought to light by the circumstances of the war in South Africa.

I think it will be generally admitted that, if we are to rear up a strong and healthy body of men and women,—sound in body and mind,—defects and ailments should be

recognized, and, if possible, removed early in life. In endeavouring to attain this object, it is not the intention (at least in your District) to interfere in the least with the functions of the private medical practitioner; the object rather, is to bring conditions requiring treatment under his notice.

To my mind, the subject readily divides itself under two heads.

In the first place, I think it will be apparent, even to those who have not had special opportunities for observation, that the seeds of diseased conditions may be present for a long time before their effects are so evident as to induce parents or guardians to consult a medical man. It will also be apparent that, especially in the young, it is of the greatest importance that, if possible, these seeds should be eradicated as early as possible. In this connection I think you will see the usefulness of medical inspection, and that a notice from the Medical Inspector to those interested in the child's health that they would do well to consult a doctor, may be of the greatest service both to them and to their medical adviser, and you will readily understand that a private medical practitioner can seldom suggest treatment unasked, even when the need for it comes to his knowledge.

In the second place: when a medical man is called in, he is called in to give his clients the information that they want to obtain. I think it will be admitted, to the credit of the profession, that, from habit, as well as from principle, this relation is, as a rule, maintained by medical men, whatever may be the position of those who employ them, and however little advantage they may personally expect to derive from them. Now, I should say that very few

who send for a doctor want to be told that their own carelessness, and the filthiness of their surroundings, are the cause of the ailments from which they, and those dependent on them, suffer. It is not, in short, easy for a medical man to turn round upon his patients and tell them "that they are too filthy for anything."

This is a matter with which, with proper tact and consideration for others, the Medical Inspector, as a public official, especially with the assistance of an efficient and tactful School Nurse, can more properly deal, and, it is to be hoped, without giving any very great degree of offence. Of course the exposure of these things to other people must be avoided.

Vermination, for instance, is a condition with which no private medical practitioner would wish to have to deal.

In dealing with such cases, the School Nurse may be most useful, and in your District the Medical Inspector has been fortunate in securing the assistance of Nurse Walker, for the Ludworth District, and that of Nurse Bramwell, for the Charlesworth and Chisworth divisions.

Such work may be very efficiently done in connection with the work of District Nursing. The instructions of the Medical Inspector will support the Nurse in giving advice, which she would otherwise have a delicacy in giving, and in taking steps which otherwise she could not very well take. It may be noted that, in the matter of cleansing, there are compulsory provisions under section 122 of "The Children's Act of 1908," but the chief reliance will be placed on the good sense of the parents.



The presence of the Medical Inspector takes a great weight of responsibility off the shoulders of the Head Teacher of the School at the same time that it has a tendency to help him to get into the right way of dealing with the physical, as well as the moral and intellectual developement of children. Besides all this, I think the Medical Inspector has excellent opportunities for conveying information on hygienic questions to teachers, parents, and children, and, what is even more important, of inculcating hygienic practice.

I have said above that it is not the intention to interfere with the functions of the medical practitioner, and I may be reminded that School Clinics have been proposed. I do not think, however, that such are very likely to be established where the children are not prevented by circumstances from securing the services of a medical man.

In your district, and, in fact, in most, if not all districts, full sympathy and co-operation between the examining staff and the medical practitioners is of the essence of success.

The sympathy and co-operation of the parents also is required. In the words of the Memorandum of the Board of Education, "one of the objects of the new legislation is to stimulate a sense of duty in matters affecting health in the homes of the people; to enlist the best services and interest of the parents; and to educate their sense of responsibility for the personal hygiene of their children."

I have addressed these remarks to you, although you are not the Education Authority, because, as the Sanitary Authority, you are interested in the sanitary results that are expected to accrue.

In closing this part of my Report, allow me once more to quote the words of the Memorandum:—"In point of fact, if rightly administered, the new enactment is economical in the best sense of the word. Its justification is not to be measured in terms of money, but in the decrease of sickness and incapacity among children, and in the ultimate decrease of inefficiency and poverty in after life arising from physical disabilities." The object, you see, is to raise up productive and useful members of society, as well as to increase the comfort and well-being of the individuals.

The Schools examined in December, 1908, were the Chisworth School, and St. Mary's School, Ludworth.

The Ventilation in these schools is fair, and the teachers seem to be alive to the importance of ventilation. In a school where, on account of the necessity of the proximity of teacher to taught, some crowding together is almost inevitable, and where it is a question of growing children, the importance of ventilation as perfect as possible cannot be over-estimated.

The Water Supply at both Schools is from Lord Howard's Waterworks, and I think there is no scarcity.

The form of Closet is the Pail-Closet, which is certainly not an ideal method of sewage disposal. At Chisworth it is perhaps inevitable, though earth closets would be a great improvement. At St. Mary's, Ludworth, it ought to be possible, at an early date, to resort to water-carriage.

The most pressing troubles seem to be rough surface of play grounds at both Schools, and deficient cloak-room accommodation at Chisworth.

The present requirements of the County Education Authority are that only those entering at five years of age, and those leaving at thirteen, should be examined. The whole of the children have been or are going to be examined with reference to cleanliness, which, unfortunately, is required in some cases, by the nurses, who are doing excellent work. This is a most important point to attend to if the well being of the population is to be improved. Attention paid to the children will, no doubt, re-act upon their seniors.

The numbers medically examined, however, are so far limited. Only nine have been examined in each of the above-mentioned schools.

The two schools should offer instructive contrasts.—At Chisworth we get a rural population; some of the people, indeed, work in mills, but there is no concentration of the population, and there is a considerable agricultural element. In Ludworth, we get a concentrated manufacturing population around the Forge Bridge, Marple Bridge, and Compstall Bridge. The numbers so far examined are too small for satisfactory comparison.

It is a striking fact that so many of the children have teeth more or less bad.

One case in each school required attention to the eyes, and a case of anæmia was noticed at Chisworth. Three cases in Ludworth, and one in Chisworth, had enlarged glands, and one in Chisworth had enlarged tonsils.

In addition to examining the children at the schools, the nurses visit those requiring it at their homes, and give the parents the benefit of their advice and assistance, chiefly in cases



of vermination. When requisite, advice is given to the parents to see a medical man.

A question has been asked as to the length of time per child taken up by the examination. As so much time is taken up by preliminaries, and as the work is new, no proper estimate can be formed as yet. The work is in its infancy, and can hardly be judged of from experience as yet. We hope, however, for great things.

Let us now pass to the subjects usually reported on.

Your population in 1891 was 4,381, and in 1901 it was 4,151; giving a decrease of 230 in ten years.

The district extends in one direction from Woodhead Railway Tunnel to the River Goyt, which joins the Etherow near Marple Bridge. In the other direction it extends from the Etherow to the top of the ridge of hills between Glossop and the Woodlands. Out of this district is to be taken the Borough of Glossop; all the remainder is Rural District.

It is upon grit stone, shale and lower coal measures.

Area of District, in acres .....	17,893
Population (Census, 1891) .....	4,381
Do. do. 1901 .....	4,151
Do. (Estimate, 1908) .....	4,151
Inhabited Houses (Census, 1901) ...	922
Do., do. (Estimate, 1908)...	941
New houses erected during the year	1
Rateable Value.....	£36,298

The Infectious Diseases Prevention Act, (1890); The Public Health Amendment Act, (1890); The Notification of Births Act, (1907); and The Public Health Act's Amendment Act, (1907) have not been adopted in the district.

## VITAL STATISTICS.

The births in the district during 1908 were 45 boys and 33 girls, giving a total of 78. This gives a rate per thousand of 18·79.

The nett deaths in the district during 1908 were 57, giving a death rate of 13·73.

The deaths of children under one year of age were 7, giving a rate per thousand births of 89·74

The excess of births over deaths in 1908 was 21, giving a natural increase of 0·506 per cent against 0·626 in 1907; 0·289 in 1906; 0·602 in 1905; 0·650 in 1904; 0·626 in 1903; 0·216 in 1902; and 0·602 in 1901.

As, however, the population decreased by 230 between the Census of 1891 and that of 1901, it seems safest to calculate on a stationary population.

The Census population of Charlesworth was 1,967.

Deaths in 1908... ..	26
Rate per thousand.....	13·21

The Census population of Chisworth was 409.

Deaths in 1908.....	6
Rate per thousand.....	14·67

The Census population of Ludworth was 1,775.

Deaths in 1908.....	25
Rate per thousand.....	14·08

Deaths from Phthisis in eight years:—

Year.		No. of Deaths.		Rate per 1,000.
1901	...	3	...	0·72
1902	...	3	...	0·72
1903	...	5	...	1·20
1904	...	4	...	0·96
1905	...	2	...	0·48
1906	...	4	...	0·96
1907	...	2	...	0·48
1908	...	3	...	0·72

There were 2 deaths from other Tubercular Diseases in 1908, against 1 in 1907; 2 in 1906; 1 in 1905; 2 in 1904; 4 in 1903; and none in 1901 and 1902.

Births, Deaths, and Infantile Death Rate per thousand for ten years:—

Year.		Birth Rate.		Death Rate.		Infantile Death Rate.
1899	...	21·4	...	13·8	...	166·6
1900	...	21·8	...	13·4	...	76·9
1901	...	21·4	...	15·4	...	101·1
1902	...	16·3	..	14·2	...	102·9
1903	...	20·2	...	13·9	...	83·3
1904	...	18·3	...	11·8	...	65·8
1905	..	18·0	...	12·0	...	53·3
1906	...	19·0	...	16·1	...	139·2
1907	...	16·3	...	10·1	...	44·1
1908	...	18·7	...	13·7	...	89·7

The deaths in the district during 1908 were from the following diseases :—

Scarlet Fever .....	1
Croup .....	1
Enteric Fever.....	1
Diarrhoea.....	1
Phthisis .....	3
Other Tubercular Diseases ... ..	2
Bronchitis .....	6
Pneumonia .....	4
Other Diseases of Respiratory Organs.. ....	1
Alcoholism and Cirrosis of Liver	1
Venereal Diseases .. ..	1
Premature Birth.....	1
Heart Disease.....	8
Accidents .....	1
Suicides .....	1
Unclassified Diseases.....	24

There were no deaths from Small-Pox, Measles, Whooping Cough, Diphtheria, Typhus Fever, Epidemic Influenza, Cholera, Plague, Enteritis, Puerperal Fever, Erysipelas, Cancer, Pleurisy, Diseases and Accidents of Parturition, or from Rheumatic Fever.

### CHARACTER OF DISTRICT.

The Glossop-Dale Rural District consists of some places of a more urban character, separated by other portions of a strictly rural and agricultural character.

### HOUSE ACCOMODATION.

The house accomodation of the district is on the average fairly good for the nature of the district.



## EMPLOYMENT OF THE PEOPLE.

The employment of the people is very varied. Many of them are railway servants; a great many are farmers or farm labourers; many are employed in cotton mills, print works, etc., either in or out of the district.

## WATER SUPPLY AND REFUSE DISPOSAL.

The strictly rural parts of the district are supplied with water chiefly by shallow wells, and refuse matters are chiefly disposed of in privy middens and ash-pits. In the case of the more urban portions, water is in most cases supplied from reservoirs belonging to Lord Howard of Glossop, and for the sewerage of Marple Bridge you have a system of sewers and sewerage disposal works. Public scavenging has not been adopted in any part of the district.

## BYE-LAWS.

The Rural District has bye-laws in force for Common Lodging Houses, and for new streets and buildings, as well as regulations under the Contagious Diseases (Animals) Act, and the Dairies, Cowsheds and Milk-Shops Order.

## DAIRIES AND COWSHEDS.

There are 71 on the register. The Inspector has made 54 inspections.

## BAKE-HOUSES.

There are 4 in the district—2 in Charlesworth and 2 in Ludworth. The Inspector has made 7 visits. He found them in good order.

## SLAUGHTER-HOUSES.

The Slaughter-Houses are not registered. The Inspector has visited and found them in good order.

## WORKSHOPS,

There are 16 Workshops in the district. The Inspector has made 15 visits and found them satisfactory. He has also made 9 inspections of Factories.

## HOME-WORK.

There is, to my knowledge, no Home-Work in the sense of the Act in our district.

## NUISANCES.

The Inspector reports 49 notices served for abatement of nuisances, and reports abatement in 48 cases.

Twenty-two houses were disinfected after Infectious Disease.

## VISITS PAID BY MEDICAL OFFICER.

On May 19th, 1908, I visited and inspected premises at Lower Woodseats.

On August 11th, 1908, in company with the Inspector and one of the Members of the Council, I visited dwelling-houses near Forge Bridge and one near Rose Brow. We also visited a disused coal shaft which had become a nuisance.

On September 2nd and September 9th, I again visited the houses near the Forge Bridge, and on September 16th I sent you a report on the houses, with measurements taken by the Inspector.

On October 27th, I visited the British School, Charlesworth, to examine the school-yard and the adjoining farm premises.

On November 28th, I visited and inspected a house at New York, Charlesworth.

I paid many visits in connection with Scarlet Fever.

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## INFECTIOUS DISEASES.

### SCARLET FEVER.

We had 22 cases of Scarlet Fever in 1908, against 36 in 1907; 37 in 1906; 9 in 1905; 4 in 1904; 7 in 1903; 32 in 1902; 7 in 1901; and 15 in 1900.

Of the 22 cases, 10 were in Charlesworth; 6 in Chisworth; and 6 in Ludworth.

There was one death from the disease in Chisworth, and one case was removed to Chinley Hospital.

One School was closed on account of Scarlet Fever, in December, and thoroughly disinfected.

### DIPHTHERIA AND MEMBRANOUS CROUP.

There was 1 case of Diphtheria notified in 1908; 1 case in 1907, but no cases in 1906. There were 2 cases of Diphtheria in 1905, and 2 in 1904; none of either diseases in 1903; 1 case of Membranous Croup in 1902; 4 cases of Diphtheria in 1901; and 1 case in 1900.

### ERYSIPELAS.

There was 1 case of this disease in 1908, against 2 in 1907; no cases in 1906; 4 cases in 1905, 2 in 1904; 3 in 1903; 3 in 1902; 2 in 1901; and 3 in 1900.

## TYPHOID OR ENTERIC FEVER.

There was 1 case of this disease in 1908; unfortunately, the patient died. There was 1 case in 1907; 1 in 1906; 1 in 1905; 2 in 1904; 2 in 1903; 6 in 1902; 2 in 1901; and 2 in 1900.

## PUERPERAL FEVER.

There was no case of this disease notified in the Rural District in 1908.

There were, altogether, 25 cases of Notified Diseases in the Rural District during 1908. The cases are generally investigated both by the Medical Officer and the Inspector, and, in many cases, disinfectants are gratuitously supplied. Izal is the disinfectant used, and the Inspector disinfects on recovery with Sulphume.

Certificates of exclusion, when required, are sent to the schools.

Facilities are afforded, by the kindness of the County Council, for bacteriological examination, in cases of Typhoid and Diphtheria, at the University of Birmingham.

The Infectious Diseases Notification Act has now been in force for eight years. I recommend the adoption of the Infectious Diseases Prevention Act of 1890.

## THE REQUIREMENTS OF THE DISTRICT.

For the rural parts of the District:

1. Prevention of the contamination of the wells by surface water.



2. Cleanliness in connection with privies, middens, and ash-pits.
3. Clean, commodious, and well-ventilated cow-houses.
4. Early removal of manure and other offensive matter from the neighbourhood of farm buildings.
5. Adoption, where possible, of earth closets.

For the more urban parts :

1. A sewage scheme for Cottage Lane, Gamesley.
2. Adoption of water closets in Marple Bridge and Compstall Bridge.
3. Adoption of ash-bins, when and where possible.

I am, Gentlemen,

Yours truly,

**Duncan J. Mackenzie, M.D.**

LOCH MAREE HOUSE,

GLOSSOP,

February 1st, 1909.

